



CLARK COUNTY
WASHINGTON

PUBLIC HEALTH

COVID-19 and Influenza Recommendations for Skilled Nursing Facilities and Assisted Living Facilities

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Reporting and Responding to Acute Respiratory Illness in Long-term Care

A resident in a LTCF exhibits acute respiratory symptoms

Management:

- ⚠ **Do not wait for test results to come back before reporting and initiating precautions**
- Implement and follow infection prevention guidance and practices
- Test symptomatic residents/staff for both COVID-19 and Influenza
- Report to CCPH symptomatic residents/staff via [line list](#) secured fax: (564) 397-8080

Resident(s) test positive for:

COVID-19 only

Management:
follow COVID-19 guidance

Reporting:
Report COVID positives using the [COVID-19 test form](#). Report symptomatic residents/staff via [line list](#)

Surveillance period:
typically 14 days after last symptom onset date

Influenza only

Management:
follow ILI guidance

Reporting:
Report flu positives and symptomatic residents/staff each day throughout the surveillance period via [line list](#)

Surveillance period:
typically 7 days after last symptom onset date

Influenza & COVID-19

Management:
follow COVID-19 guidance

Reporting:
Report COVID positives using the [COVID-19 test form](#). Report symptomatic residents/staff via [line list](#).

Surveillance period:
typically 14 days after last symptom onset date

General Respiratory Illness Guidance

During an Outbreak of Unidentified Acute Respiratory Illness

In the absence of an identified respiratory pathogen, implement the more stringent of applicable control measures (e.g. during the COVID-19 pandemic, err on the side of caution and implement COVID-19 protocols unless or until lab testing identifies another respiratory pathogen (influenza) as the source of illness).

- ❑ Utilize [WA DOH Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities](#) to guide your facility's response.

Personal Protective Equipment

- ❑ CCPH has PPE posters and handouts available if you would like additional resources. Please let us know if this is a resource you would like to receive, and we will send it in a separate email.
 - APIC Do's and Don't's of Gowns
 - APIC Do's and Don't's of Gloves
 - APIC Do's and Don't's of Masks
 - APIC Do's and Don't's of Respirators
 - CDC Cover your Cough Poster
 - CDC PPE Donning and Doffing Poster
 - PPE Reuse Poster
- ❑ Review and ensure all staff members can accurately demonstrate donning and doffing PPE procedures ([Using Personal Protective Equipment \(PPE\)](#)).
- ❑ Review and ensure your facility has adequate PPE supplies (CDC: [Strategies to Optimize the Supply of PPE and Equipment](#)).

COVID-19 Overview

Definitions:

- ❑ **Exposure period:** For COVID-19, the exposure period is considered 14 days prior to symptom onset (note this could change as we learn more).
- ❑ **Incubation period:** For COVID-19, the incubation period is estimated to be 5 days (ranges from 2-14 days) following exposure.
- ❑ **Isolation:** separates sick people with a contagious disease from people who are not sick.
- ❑ **Quarantine:** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. ([CDC Quarantine Guidance](#)).
- ❑ **Close contact:** within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
- ❑ **Individuals are considered fully vaccinated:** 2 weeks (14 days) after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or 2 weeks (14 days) after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine
 - **NOTE:** if it has been less than 2 weeks since the second dose, or if an individual has not received a second dose, they are NOT fully protected and must keep taking all prevention steps until they are considered fully vaccinated.
- ❑ **COVID-19-like illness (CLI) symptoms may include:** (per DOH COVID-19 Guidance)
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - New muscle aches (myalgias)
 - Loss of sense of taste (ageusia) or reduced ability to taste sweet, sour, bitter, or salty things (hypogeusia)
 - Lost sense of smell (anosmia) or reduced ability to smell (hyposmia)
 - **Atypical symptoms may also include:**
 - New or worsening malaise
 - New dizziness
 - Diarrhea
- ❑ **Outbreak:** Refer to DOH COVID-19 Guidance: [Outbreak Definition for Healthcare Settings](#)

When and How to Report to report COVID-19 CCPH

- ❑ All laboratory-confirmed COVID-19 positive residents or staff should be immediately reported to Clark County Public Health using [COVID/Influenza Line List](#) to the secure fax: (564) 397-8080.
- ❑ Report POC testing results to CCPH by utilizing the CCPH [COVID-19 POC Test Report Form](#)
- ❑ Residents experiencing acute respiratory symptoms, for whom test results are pending, should be reported to CCPH using the.
 - ⚠ **Do not wait for test results to initiate precautions or report to CCPH.**

How to Manage Close Contacts

- ❑ Identify close contact in your facility that may have been potentially exposed (staff, residents, visitors, etc.).
- ❑ Manage the notification and quarantine (for 14 days from last date of exposure) of your facility's staff and residents. The Department of Health has a helpful [informational document](#) that we recommend you provide to these individuals at your facility.
 - Follow WA DOH [“What to Do if you have Confirmed or Suspected COVID-19” guidance](#)
 - Follow [CDC guidance for HCW returning to work](#)
 - Follow the CDC Guidance for: [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#)

Recommendations for Cohorting

Cohorting is an infection prevention and control measure that groups together residents with the same infectious condition and no other infection. Refer to WA DOH [Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak](#).

- ❑ **Benefits of Cohorting residents with known or suspected COVID-19:**
 - Limits the risk of spreading COVID-19 by using dedicated staff to care for only COVID-19 positive residents.
 - Allows for conservation of PPE resources and extended use of personal protective equipment (PPE) such as respirators, face masks and eye protection when supplies are limited.
- ❑ **Cohorting:** Creating distinct roommates or small groups of COVID-19 positive residents that stay together to ensure minimal or no interaction with residents who do not have COVID-19. This practice can help prevent the spread of COVID-19 by preventing transmission between residents and health care personnel (HCP).
- ❑ **COVID-19 Unit:** Several rooms or a dedicated area for cohorting several COVID-19 positive residents during a COVID-19 outbreak.
- ❑ **Extended Use:** The practice of wearing the same PPE continuously between encounters with multiple residents with the same illness, without changing PPE between resident encounters. PPE is doffed and discarded, and new PPE is donned for the next set of encounters. Extended use is well-suited to situations when multiple residents with the same infectious disease diagnosis are cohorted. Staff should change PPE and perform hand hygiene between caring for residents with COVID-19 and without COVID-19.
- ❑ **Reuse (N95):** The practice of using the same N95 or other type of filtering facepiece respirator (FFR) for multiple encounters with residents but removing it (doffing) after each encounter and storing it for use in the next encounters. Reuse is considered crisis capacity strategy per [CDC's Strategies for Optimizing the Supply of N95 Respirators](#).

Conduct Surveillance

- ❑ It is imperative to identify new infections in both staff and residents early. For 14 days following your facilities last exposure, please conduct active surveillance daily among staff and residents. This means you will need to continue to screen all staff and residents at least daily for fever and COVID-like symptoms. Immediately isolate anyone who develops COVID like symptoms.
 - Long-term care residents with COVID-19 may show atypical symptoms.

- ❑ Report daily to the CCPH COVID Response Team, any staff or residents you identify as having COVID-like symptoms by completing the attached line list template. The second row provides details on what information should be included in each column of the line list. Completed line lists may be submitted via:
 - Secure email (or password protected spreadsheet) to: exposureteam@clark.wa.gov
 - Fax: (564) 397-8080
- ❑ If no new staff or residents are identified as having COVID-like symptoms, email exposureteam@clark.wa.gov and notify there are no new symptomatic individuals to report.

Personal Protective Equipment

- ❑ FIT Testing Guidance and Resources
 - WA DOH [Respiratory Protection Program](#) resources for free FIT testing
 - L&I and DOH Respirator and PPE Guidance for Long-Term Care: [Employer responsibilities for respiratory protection program and provision of personal protective equipment \(PPE\)](#)
- ❑ WA DOH Contingency Strategies for PPE use during COVID-19 Pandemic, [PPE for Long-Term Care Settings](#)
- ❑ CDC Guidance: [Optimizing the Supply of PPE and other Equipment During Shortages](#)
- ❑ CCPH has PPE posters and handouts available if you would like additional resources. Please let us know if this is a resource you would like to receive, and we will send it in a separate email.
 - APIC Do's and Don'ts of Gowns
 - APIC Do's and Don'ts of Gloves
 - APIC Do's and Don'ts of Masks
 - APIC Do's and Don'ts of Respirators
 - CDC Cover your Cough Poster
 - CDC PPE Donning and Doffing Poster
 - PPE Reuse Poster
- ❑ Review and ensure all staff members can accurately demonstrate donning and doffing PPE procedures ([Using Personal Protective Equipment \(PPE\)](#)).

COVID-19 Vaccination

- ❑ Clark County Public Health Website [COVID-19 Vaccinations](#)
- ❑ WA DOH: [COVID-19 Vaccine Frequently Asked Questions](#)
- ❑ Answering Common Questions About COVID-19 Vaccines – [LTCF Staff](#)
- ❑ Answering Common Questions About COVID-19 Vaccines – [LTCF Residents and Loved Ones](#)
- ❑ How Long-Term Care Facilities Can Help [Monitor COVID-19 Vaccine Safety](#)

Facility Based Testing

- ☐ Testing supply resources available at WA DOH [COVID-19 Testing Supply Request Portal](#)
 - ⚠ **Please note that CCPH does not stock COVID-19 testing supplies and does not currently have a specimen courier service to assist with transport to the WA Public Health Lab.**
- ☐ Review and adhere to Clark County Public Health routine and outbreak testing recommendations.
- ☐ Review and adhere to the CMS routine testing requirements for healthcare workers <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>
- ☐ Report POC testing results to CCPH by utilizing the CCPH [COVID-19 POC Test Report Form](#)
- ☐ Review and follow WA DOH COVID-19 [Long-Term Care Facility Testing for Staff and Residents](#)
 - **This guidance includes recommendations for:**
 - Routine Testing for All Staff
 - Testing for All Staff and All Residents When a Case Has Been Identified
 - Testing for Visitors and Essential Support Persons (ESP)
 - Obtaining a CLIA Waiver

COVID-19 Symptom Screening Tools

- ☐ Utilize the WA DOH [Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits](#).
 - The document also has the definition for when residents should be put into quarantine vs. isolation.
- ☐ Symptom screening tools can be provided on request

Additional COVID-19 Resources

- ☐ **Clark County Public Health Website**
 - [COVID-19 Resources](#)
- ☐ **Washington State Department of Health**
 - [Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak](#)
 - [Interim Guidance for Transferring Residents between Long-Term Care and other Healthcare Settings](#)
 - [What to do if you identify a COVID-19 case in your Long-term Care Facility](#)
 - WA DOH Precaution Signage:
 - **Post signage for EMS and visitors alerting them to the outbreak.**
 - Utilize appropriate signage for residents who are known or suspected (having one or more symptoms and being tested) to have COVID-19.
 - [Aerosol precautions](#) (gown, gloves, N95, and eye protection)
 - [Quarantine precautions](#) (unvaccinated new admissions or vaccinated residents who have been exposed to COVID-19).
 - Infection Prevention and Control Assessment Tool for Long-term Care Facilities ([PDF](#))
 - [WA DOH link](#) to schedule an ICAR visit at your healthcare facility: Infection Control Assessment and Response (ICAR)
 - Employee and Visitor Daily Screening Guidance for COVID-19 ([PDF](#))

- ❑ **Washington State Department of Social and Health Services (DSHS)**
 - WA State Department of Social and Health Services (DSHS): [Safe Start Washington](#)
 - DSHS latest guidance regarding COVID-19. This is the link to provider letters and additional resources: [Information for Nursing Home Professionals](#).
- ❑ **CDC Guidance**
 - [CDC Guidance on Infection Control in Healthcare Facilities](#)
 - Healthcare Infection Prevention Guidance for 2019 Novel Coronavirus ([CDC](#))
 - Infection Control for Aerosol Generating Procedures ([PDF](#))
 - Return to Work Guidance for healthcare workers (HCWs) and first responders (FRs) who have Confirmed COVID-19 Infection or are asymptomatic with High or Medium Risk Exposures* to a known case of COVID-19 ([CDC](#))
- ❑ **Environmental Protection Agency (EPA):**
List N: [Products with Emerging Viral Pathogens AND Human Coronavirus claims for use against SARS-CoV-2](#)

Influenza Overview

Definitions:

- ❑ **Incubation period:** For influenza, the incubation period ranges from 1 – 4 days (2 days on average). Most healthy adults can infect others beginning 1 day **before** symptoms develop and up to 5 – 7 days **after** becoming sick.
- ❑ **Influenza symptoms may include:**
 - Fever
 - Fatigue
 - Headache
 - Cough
 - Sore throat
 - Runny nose
 - Chills
 - Muscle aches
- ❑ **Elderly patients may experience more subtle symptoms including:**
 - Anorexia
 - Mental status changes
 - Pneumonia
 - Low-grade fever, or no fever
 - Worsening of chronic conditions, or congestive heart failure.

When and How to Report Influenza to CCPH

- ❑ Per Washington Administrative Code (WAC) 246-101-305, long-term care facilities are required to report the following:
 - A sudden increase in acute febrile respiratory illness over the normal background rate (e.g. 2 or more cases of acute respiratory illness occurring within 72hrs of each other) OR
 - Any resident who tests positive for influenza.
- ❑ Residents/staff with confirmed or suspected influenza, or influenza-like illness should be reported to CCPH using the COVID-19/Influenza Line List Template.
 - ⚠ Do not wait for test results to initiate precautions or report to CCPH.

Conduct Surveillance

- ❑ Report daily to the CPH Communicable Disease Team, any staff or residents you identify as having confirmed or suspected influenza by completing the attached line list template. The second row provides details on what information should be included in each column of the line list. Completed line lists may be submitted via:
 - Secure email (or password protected spreadsheet) to: cdoncall@clark.wa.gov
 - Secure Fax: (564) 397-8080
- ❑ If no new staff or residents are identified as having influenza, or influenza-like symptoms, email cdoncall@clark.wa.gov and notify there are no new symptomatic individuals to report.
- ❑ An outbreak is typically over 7 days after the last onset of influenza. Using the daily completed line lists, CPH will monitor and communicate the end of the outbreak directly with your facility point-of-contact.

Personal Protective Equipment and Control Measures

- ❑ CDC Guidance: [Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission](#)
- ❑ CDC Guidance: [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#)

Facility Based Testing

- ❑ Testing for influenza should occur when any resident has signs or symptoms consistent with influenza.
 - ⚠ **These residents should be tested regardless whether it is influenza season or not.**

During an Influenza Outbreak

- ❑ Notify CPH of a confirmed or suspected influenza outbreak and conduct daily surveillance with line listing until the outbreak is declared over.
- ❑ Utilize WA State DOH Recommendations for Prevention and Control of Influenza for LTC to guide your facility's response.
- ❑ Implement standard and droplet precautions for all residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
 - Symptomatic residents should be treated regardless of testing.
 - Treatment should not be delayed for laboratory confirmation.
- ❑ Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.
- ❑ Restrict staff movement between areas of the facility with and without illness.
- ❑ Limit visitors during the outbreak.
- ❑ Consider and prepare for chemoprophylaxis for all non-ill residents.
- ❑ Consider offering antiviral chemoprophylaxis to unvaccinated staff members who provide care to persons at high risk of complications from influenza.

Additional Influenza Resources

Clark County Public Health Website

- [Influenza Resources](#)

Washington State Department of Health

- [Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities](#)

CDC Guidance

- [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#)
- [Summary: 'Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)—United States, 2021-22'](#)
- [Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel](#)